

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Health Care Service Corporation Employees' Political Action Committee

ADDRESS (number and street) ▼

300 E. Randolph

Legal Department

☐ Check if different than previously reported. (ACC)

Chicago

IL

60601

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00199711

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

01

01

2015

through

M M M / D D D / Y Y Y Y Y Y

01

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Lou Stutz

Signature of Treasurer

Mary Lou Stutz

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

02

20

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">423545.45</td></tr></table>	423545.45				
Y	Y	Y	Y	Y													
2015																	
423545.45																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">423545.45</td></tr></table>	423545.45															
423545.45																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">44821.36</td></tr></table>	44821.36					<table><tr><td colspan="5">44821.36</td></tr></table>	44821.36									
44821.36																	
44821.36																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">468366.81</td></tr></table>	468366.81					<table><tr><td colspan="5">468366.81</td></tr></table>	468366.81									
468366.81																	
468366.81																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">11750.00</td></tr></table>	11750.00					<table><tr><td colspan="5">11750.00</td></tr></table>	11750.00									
11750.00																	
11750.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">456616.81</td></tr></table>	456616.81					<table><tr><td colspan="5">456616.81</td></tr></table>	456616.81									
456616.81																	
456616.81																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11047.45	11047.45
(ii) Unitemized	33773.91	33773.91
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44821.36	44821.36
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	44821.36	44821.36
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44821.36	44821.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44821.36	44821.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	11750.00	11750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11750.00	11750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11750.00	11750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44821.36	44821.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44821.36	44821.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen M. Atwood

Mailing Address 300 E. Randolph St

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Care Service Corporation

Occupation
 President IL Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 127EA36D429B417FA748

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Brenda L. Bailey

Mailing Address 300 E. Randolph St

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Care Service Corporation

Occupation
 Sub Svcs Div SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : E0950AE55A6944E6B1EE

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

c. Gregory Keith Barnes

Mailing Address 300 E. Randolph St

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Care Service Corporation

Occupation
 VP TX Key Govt and Comrc Acct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 7C9657C3BF874E7388BF

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

422.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darrell D. Beckett

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sales & Marketing TX DSVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 480B0CE6725C4BE6926F

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. John Cannon

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 9A06936C9BB7415A8730

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Kevin M. Cassidy

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Illinois Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : E0F49BFC39D04AFAB3EC

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

422.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Clarke

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

01 / 22 / 2015

Transaction ID : EEAC2DF899884E36882A

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Michelle Collins

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

01 / 22 / 2015

Transaction ID : A0EBBF266B81435E8BA5

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Joseph Robert Cunningham

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP & Chief Medical Officer-OK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 98608303707F40B5B71B

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carolyn L. Dawson

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP Enterprise Hlth Care Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : F8BD7CC310D045F29DE0

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Deborah Dorman-Rodriguez

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 1DC07CEE1B9347348D4D

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

c. Mary Theresa Doyle

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP&Chief Govt Relations Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : B2D06C9BD30840BFBCC

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)..... ►

576.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gloria Eldridge

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

01 / 23 / 2015

Transaction ID : D07D3F0BE32A446EAD87

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

B. Joel M. Farran

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
DSVP Strategy Corp Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.14

Date of Receipt

01 / 09 / 2015

Transaction ID : 9998BF452EE040F78145

Amount of Each Receipt this Period

303.57

Full Name (Last, First, Middle Initial)

C. Joel M. Farran

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
DSVP Strategy Corp Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.14

Date of Receipt

01 / 23 / 2015

Transaction ID : 2EF3BC610CB341E89F0F

Amount of Each Receipt this Period

303.57

SUBTOTAL of Receipts This Page (optional)..... ►

799.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Christian Fontana

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP & Chief Med Officer Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 73AD0C039DE94F0FAF47

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. Michael E. Frank

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President MT Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : D93292A2D96049589FAF

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Deborah Gage

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

01 / 16 / 2015

Transaction ID : FEE6428095A44150874A

Amount of Each Receipt this Period

392.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

699.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis Gannon

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2015

Transaction ID : 960077CBDDC341D7A1E2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John P. Gleason

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
VP & Chief of Staff to CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 6E49169230BC42A5B16B

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Michael Ted Haynes

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
President OK Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 78EE9B2F53EB420D84DD

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)..... ►

634.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia A. Hemingway

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

01 / 09 / 2015

Transaction ID : 2B06C206BEEE4F43B27E

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Patricia A. Hemingway

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 21E2443737E1466FB8DC

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Sue C. Hunt

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 28929DA8E4864117811A

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

815.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 24
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan D. Jeffers

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : E7D3D521AD424704B2F2

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. Janice J. Knight

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
SVP and Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 0B7AA34667E54EBDBC8C

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. William Paul Lombardi

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
DVP MT Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

01 / 23 / 2015

Transaction ID : AE81BD5E42464E6196ED

Amount of Each Receipt this Period

190.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 24
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bert E. Marshall

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
President Texas Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : 701AD8CD011748C18748

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Margaret R. McNett

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
DSVP Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : BDD6EC542DEC4B24931C

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. Robert Morrow

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : 00D33AFD54E54CB19D3D

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

422.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Louis Ondra

Mailing Address 300 E. Randolph St

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Care Service Corporation

Occupation
 SVP & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : DD427BC7C2DC4FAE9E44

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Mark William Owen

Mailing Address 300 E. Randolph St

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Care Service Corporation

Occupation
 President Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 52C906072E0E4921B993

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Marlin Perryman

Mailing Address 300 E. Randolph St

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCSC

Occupation
 Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

01 / 22 / 2015

Transaction ID : 7F7C95E9AD394FF3B465

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1634.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy C. Pruitt

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP General Counsel Southwest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 326FC308A6404BEAB20D

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. Nazneen Razi

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP-Chief HR Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 79530ED2EE024BA58639

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Colleen Foley Reitan

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

EVP & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 2C89AAF38C1F4D91AB35

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

499.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jimmy D Rodgers

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP & Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : 5CA4316A1C504ECB980B

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Sue Anne Rohan

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Health Policy Govt Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : 49CF592165A14E2CA594

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. Harold Scott Sarran

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP HCM Gov't Programs & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : 1CD1604772F84F0EA036

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

422.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt B. Shipley

Mailing Address 300 E. Randolph St

City
Chicago

State Zip Code
IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President NM Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 1BE8B9CC555C4551BE65

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Paula A. Steiner

Mailing Address 300 E. Randolph St

City
Chicago

State Zip Code
IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

EVP Mkt Retail & Chief Str Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 94171A5C5B4C48E0851A

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. John T. Tighe

Mailing Address 300 E. Randolph St

City
Chicago

State Zip Code
IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 86AC904DDD6B4FFF877B

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)..... ►

576.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey R. Tikkanen

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President Retail Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 3AD50CC939F3483DB68E

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Jack Towsley

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP TX Health Care Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 6037B7B1C8474CBBB7F4

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. Daryl James Veach

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Provider Risk Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2015

Transaction ID : C03985B08A37414EA37D

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

422.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Yeazel

Mailing Address 300 E. Randolph St

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Service Corporation

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 23 2015

Transaction ID : E98371EC700C408CB48F

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

11047.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dan Newberry 2016

Mailing Address PO Box 700238

City	State	Zip Code
Tulsa	OK	74107

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

Transaction ID : 6B28D46729ECB8AC692

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of David Holt 2014

Mailing Address PO Box 1802

City	State	Zip Code
Bethany	OK	73008

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

Transaction ID : FC1D7D76EB744DE7E4B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Edward M. Burke

Mailing Address 2650 W 51st St

City	State	Zip Code
Chicago	IL	60632

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

Transaction ID : 3CF525397F1CBA30393

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2750.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Frerichs

Mailing Address 45 East University Avenue Suite 20

City	State	Zip Code
Champaign	IL	61820

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2015

Transaction ID : 555DE0B3795CF5E623B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kevin Matthews for State House 2014

Mailing Address PO Box 481084

City	State	Zip Code
Tulsa	OK	74148

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2015

Transaction ID : CF1164BE7413BFC7590

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Montana Democratic Party

Mailing Address PO Box 802

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2015

Transaction ID : 03D0943B57A6E283F1A

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Health Care Service Corporation Employees' Political Action Committee

Category/
Type

State: District:

MM / DD / YYYY

Category/
Type

State: District:

Category/
Type

State: District:

3000.00

11750.00